

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

09/936771

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.		* DEP.		IND.		DEP.		IND.		DEP.	
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